

**Application Form for Study Centers / Skill Training Centers to run the Foundation Course on Education of Children with Disabilities and Other Certificates Programs through Online-Distance Learning Mode.**



**2009**

## **Rehabilitation Council of India**

(A Statutory Body under the Ministry of Social Justice and Empowerment)

**B-22 Qutub institutional Area**

**New Delhi- 110016**

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## **General Guidelines for Filling up the Application Form**

- (1). Before filling up the form please ensure that requirement mentioned the format is fulfilled.
- (2).The organization must have at least three years experience in the field of Disability Sector
- (3). The organization should be financially sound.
- (4) Availability of minimum infrastructure Viz. Core faculty, provision to invite guest faculty, adequate space, library, equipment, furniture etc. to conduct the professional course in accordance with the prescribed norms.
- (5)Documents required to be submitted:
  - Certificate of Registration under Society Registration Act.
  - Registration Certificate under PWD Act
  - Annual Report of the last three years
  - Audited Accounts of the last three years
- (6) Requisite documents if possible should be attached with the application form.
- (7) The last date of submission of application form through email along with all requisite documents is 30<sup>th</sup> April, 09.

**I. Profile of the Institution**

1. Name and Address of the Institution (where proposed course to be conducted)

.....  
 .....  
 .....

2. Year of Establishment :

3. Name of the Head of the Institution with contact details :

Name .....  
 Designation .....  
 Tel. .... Fax .....  
 E-mail ..... Website .....

4. Legal status of the Institution: (Please tick at appropriate column)

- (i) A Registered Charitable Trust
- (ii) A Registered Society
- (iii) Registration under appropriate sections of the Income Tax Act, 1961 (from 12-A)
- (iv) Govt. Aided  Non Govt. Aided
- (v) Any other

5. Do you have approved bye-laws of the organization? Yes  No

If yes, Copies of the Registration Certificate, (duly attested) Memorandum of Association, bye-laws, latest minutes of the annual meeting and Annual Report may be submitted with this application

6. Were you involved in the field of Rehabilitation and Special Education in the past? If yes, give details of the rehabilitation work done by you. Attach a separate sheet if necessary.

yes  No

Sr. No.	Specialization (Disability area)	Target group (e.g. children/adolescents/parents)	Services provided to the target group (e.g. education/training/vocational training/counseling)

7. Nearest railway station to the Institute and its distance .....

8. Briefly describe the nature of services provided and the activities of the organization in the field of Disability. (Attach a separate sheet if necessary)

.....  
 .....  
 .....  
 .....

9. Why do you want to run the training programme, please justify:

.....  
 .....  
 .....

10 Describe the current training programme in the area of Special Education and Rehabilitation (if any) offered at the institute, its affiliation / recognition from University / RCI / State Govt. to be mentioned.

Sl. No	Name of the Training Programme	University Affiliation	NOC from State Govt.	Duration	Intake	Source of funding

**II. Human Resources**

1. Details of Teaching Staff at Training Centre for the proposed training course of RCI. (Enclose copies of appointment order). If available, give details. If no, an undertaking for appointing core faculty on full time basis as per RCI norms may be submitted by the organization before the commencement of the course.

Sl. No	Designation	Academic Qualification	Rehab. Qualifications	Area of Experience	Salary per month	RCI Reg. No.

2. Guest Faculty available at Training Centre (Enclose Acceptance Certificates

Sl. No.	Subject to be taught	Qualification	Teaching Experience	No. of session per month	Hon. per Session

**III. Details of Special School (if available)**

a) Name of the Special School .....  
 (Attach photograph of the special school)

b) Number of children (Autism/CP/MR/Multiple Disabilities) in Special School (attach photographs of special children while classes are on) .....

c) Number of Special Educators in the special school .....

d) Day or Residential school or both .....

e) Funded by the State Government : Yes / No (If yes, attach documentary evidence)

f) Details of regular teaching staff at present in the Special School

Sl. No.	Name of Teaching Staff	Academic Qualifications	Rehab. Qualification	No. of years of experience	RCI Reg. Number

(Please add a separate sheet if necessary)

**IV. Physical Infrastructure (Please Tick)**

Yes No

- (a) Transport facility available
- (b) Toilets – (Disabled friendly)
- (c) Common / Rest Room for Teachers
- (d) Class room
- (e) Vocational section (including equipments)
- (f) Physiotherapy section (including equipments)
- (g) Occupational Therapy section (including equipments)
- (h) Speech Therapy section (including equipments)
- (i) Laboratories (including Psychological Tests)
- (j) Resource room
- (k) Conference/Seminar Hall
- (l) Built-in Space/Area in sq. ft. (for training course only) .....

[m] Give details of equipment available at present for Sr. No. e, f, g, h, & i

S. No.	Name of Equipment


Note: Attach additional sheet.

(n) Instructional Hardware (Please tick, if Yes)

- 1 Audio Cassette Recorder
- 2 Overhead Projector
- 3 VCR
- 4 Computer
- 5 Camera (Still)/Digital
- 6 Television

(o) Books and Journals

(a) Books including text and reference Books (attach list)

(b) Professional Journals (attach list)

(p) Attachment with any of the Medical Centre/Rehabilitation/Educational Centre Facility of OPD, if Yes, attach latest copy of consent/agreement letter.

**Any other information that you would like to provide**

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**DECLARATION**

Certified that all particulars / information given in sections A & B and sub-points therein are correct and authentic to the best of my belief and knowledge. In the event of any information found wrong, misinterpreted or suppressed willfully, the Council shall reject the application without assigning any reason.

Date:

Name & Signature of the Legal  
Responsible Person for the  
Organisation

Place:

**UNDERTAKING ON NON-JUDICIAL STAMP PAPER SHOULD BE SUBMITTED AND REGISTERED WITH THE SUB-REGISTERAR OR ANY OTHER EQUIVALENT COMPETENT AUTHORITY**

I/we, the (Names of the Trustee/Chairman/Principal/Director of the (Name of the College / Institution / Mandal / Trust /Society, etc.) hereby undertake to comply with the following in connection with my/our application for starting / establishment / changing intake capacity of seats of (Name of Course./ College ) from the Session .....

1. That the Management shall provide funds, if required for investment in developed land and in providing the related infrastructural, instructional and other facilities as per the norms and standards laid down by the Council from time to time and for meeting the recurring expenditure.
2. That the courses or programme shall be conducted as per the assessed manpower demands.
3. (a) That the admission shall be made according to the regulation and directions of the Council for such admission in the respective institutions.  
  
(b) That the admission to the courses shall be made only after the minimum requisite / prescribed facilities are created and the affiliating university / competent authority have given permission to start the course.  
  
(c) That the Institution shall not cause or allow either closure of the Institution or discontinuation of the courses (s) or start any new courses (s) or alter the intake capacity or seats without the prior concurrence of the Council.
4. That the tuition and other fees shall be charged as prescribed within the overall criteria prescribed by the Council / Government from time to time. No capitation fee shall be charged from the students / guardians of the students in any form.
5. That the accounts of the Institution shall be audited annually by a Chartered Accountant and shall be open for inspection by the Council or any board or person authorized by it.
6. That the teaching and other staff shall be selected according to procedures, qualifications and experience prescribed by Council from time to time.
7. That the Management shall strictly follow any further conditions as may be specified by the Council from time to time.
8. In the event of non-compliance by the (name of Society / Trust / Mandal / College/ Institution etc.) with regard to guidelines, norms and conditions laid, prescribed by the Council from time to time, the Council or a body or person authorized by it shall be free of take measures for withdrawal or its approval or recognition, without consideration of any related issues and that all liabilities arising out of such a withdrawal would solely be that of the (Society / Institute / College).
9. The (College/Institute) by virtue of the approval given by Council shall not automatically become claimant to any grant-in-aid form the Council or State Government for the Institute or for recurring expenditure etc.

Place: (Name of the legally responsible person giving undertaking along with his/her official position)

Date: (SEAL)

1. The matter within brackets shall need to be filled up as relevant.
2. It should be ascertained that the stamp-paper and the undertaking are properly authenticated.